Brigham City Police Department

Citizens Police Academy Application

You must complete this form before enrollment consideration can be given. (Please type or print legibly.)

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize and request that you release to an authorized representative of the Brigham City Police Department all information concerning my driver's license history and criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency.

It is my understanding that this information will be used by the Brigham City Police Department only for official purposes, and will be kept confidential.

I hereby release Brigham City Corporation, its officers, employees, agents and officials from any and all liability that may result in requesting and receiving said information.

Full Name:		
Business (if any):		
Street Address:		
City:	State:	Zip Code:
Home Phone No.:	State: Zip Code: Work Phone No.:	
Date of Birth: / /		
Social Security Number: Driver's License Number:		State Issued:
In case of an emergency, whom should we Name:Address:		
Telephone No.:		
Do you have any special needs or physical would affect your ability to participate in this If yes, please describe:	s program:	[] Yes
Signature:	D	ate:

*This is not an actual Police Academy. It is intended to educate individuals on how police officers are trained and what they encounter on a daily basis.

Please send completed application to:

Brigham City Police Department ATTN: Lt. Michael Nelsen 20 North Main Brigham City, Utah 84302